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APR 23 2007

Approved for use through 03/31/2007. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/614,333 - Conf. #5952
Filing Date	July 3, 2003
First Named Inventor	R. Rogers YOCUM
Art Unit	1652
Examiner Name	C. L. Fronda
Attorney Docket Number	BGI-154B

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO form SB/08 Copies of fifteen (15) references Return Receipt Postcard
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		Remarks
<input checked="" type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input checked="" type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD LLP		
Signature			
Printed name	Debra J. Milasincic, Esq.		
Date	April 23, 2007	Reg. No.	46,931

Express Mail Label No. EV 956473709 US

Dated: April 23, 2007

**COPY**

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PTO/SB/17 (02-07)

Approved for use through 02/28/2007 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL
For FY 2007 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 1,020.00)**Complete if Known**

Application Number 10/614,333 - Conf. #5952

Filing Date July 3, 2003

First Named Inventor R. Rogers YOCUM

Examiner Name C. L. Fronda

Art Unit 1652

Attorney Docket No. BGI-154B

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)		50		25
Each independent claim over 3 (including Reissues)		200		100
Multiple dependent claims		360		180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
17	-	x	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
1	-	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	-	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): 1253 Extension for response within third month

1,020.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		46,931	(617) 227-7400
Name (Print/Type)	Debra J. Milasincic, Esq.	Date	April 23, 2007

Express Mail Label No. EV 956473709 US

Dated: April 23, 2007